

## **DEPARTMENT OF CONSUMER AND REGULATORY AFFAIRS**

BUILDING AND LAND REGULATION ADMINISTRATION
941 NORTH CAPITOL STREET, N.E., 2ND Floor
WASHINGTON, D.C. 20003
TEL 202 442 4470 FAX 202 442 4862

QUEUE No:	

**CERT of OCCUP No.** 

## **SIGN**

## **SIGN PERMIT APPLICATON**

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DAT	Е:	ADDRESS OF SIGN(S):						LOT:		SQUARE:	SUITE:	W	ARD	ZONE
Name of Business Owner:					Address of Business Owner:							Phone No.		
Name of Business:					Type of Business:							Phone No.		
Name of Agent:					Address of Agent:							Phone No.		
Name of sign contractor:					Address of sign contractor: Lic No						Lic No.	Phone No.		
Type of Work: 9 Sign replacement 9 New sign 9 Face Change. 9 New sign box		nt	No. of signs	Type of sign: 9 Wall sign 9 A-frame 9 Pole 9 Double faced 9 other		Materi	laterial of sign:		Electric sign: 9 Yes 9 No		PowerVA		7 Type of F 9 Incande 9 Fluorese 9 Neon	sc.
Name of Electrical Contractor:				Lic No. Addres			ess of Electrical Contractor:				Phone No.			
Master Electrician's Signature:					Print Name Date:									
#	Length (ft.)	Width (ft	Are a (sq ft)	Total Area of Sign(s)	Is sign above 1 <sup>st</sup> story? 9 Yes 9 No Color:									
					Comments:									
OWNER: I hereby certify that I am the owner of the property; that the application and plans are complete and correct to the best of my knowledge; and that if a permit (or permits) is issued, the construction will conform to the D.C. Construction Codes, the Zoning Regulations, and other applicable laws and regulations of the District of Columbia.														
Signature of Owner Print Nam						NameDate								
Agent: I hereby certify that I have the authority of the owner to make this application. I declare that the application and plans are complete and correct to the best of my knowledge. The owner has assured me that if a permit (or permits) is issued, the construction will conform to the D.C. Construction Codes, the Zoning Regulations and other applicable laws and regulations of the District of Columbia.														
Signature of AgentPrint i				Name				Date	ate					